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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/03/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Lumbar Decompression @ L4-5 with 1 day inpatient hospital stay and Lumbosacral Orthosis purchase

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
01/31/12 – RADIOGRAPHS LUMBAR SPINE
02/06/12 – PHYSICAL THERAPY NOTE
02/13/12 – PHYSICAL THERAPY NOTE
02/20/12 – PHYSICAL THERAPY NOTE
02/22/12 – PHYSICAL THERAPY NOTE
02/27/12 – PHYSICAL THERAPY NOTE
03/05/12 – PHYSICAL THERAPY NOTE
03/09/12 – PHYSICAL THERAPY NOTE
03/14/12 – PHYSICAL THERAPY NOTE
03/15/12 – PHYSICAL THERAPY NOTE
03/29/12 – CLINICAL NOTE – MD
04/12/12 – CLINICAL NOTE – MD
04/12/12 – MRI LUMBAR SPINE
04/30/12 – PHYSICAL THERAPY NOTE
04/30/12 – PHYSICAL THERAPY PLAN OF CARE
05/01/12 – OPERATIVE REPORT
05/08/12 – OPERATIVE REPORT
05/15/12 – CLINICAL NOTE – MD
05/24/12 – ADVERSE DETERMINATION LETTER
06/05/12 – CLINICAL NOTE – MD
06/15/12 – ADVERSE DETERMINATION LETTER
07/02/12 – REQUEST FOR REVIEW BY INDEPENDENT REVIEW ORGANIZATION

07/03/12 – CLINICAL NOTE – MD
07/16/12 – NOTICE TO APPLIED RESOLUTIONS LLC OF CASE ASSIGNMENT

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female. Radiographs of the lumbar spine performed 01/31/12 revealed questionable right spondylolysis at L5. There appeared to be prominence of the superior facet of L5 that impinged upon at least one of the neural foramina at the L4-5 level. The vertebral body and disc space heights were maintained. There was no evidence of acute fracture or significant subluxation. The claimant saw Dr. on 03/29/12 with complaints of pain to the low back and right leg with associated weakness and numbness. The claimant rated her pain at 8 out of 10. The claimant reported no relief from 6 weeks of physical therapy. Physical exam revealed the claimant ambulated with a normal gait. There was no tenderness or spasm to palpation. Range of motion testing revealed flexion to 30 degrees, extension to 15 degrees, and lateral bending to 16 degrees. The Achilles reflex was absent bilaterally. There was full strength of the lower extremities. Sensation was intact. The claimant was able to heel and toe walk. Radiographs of the lumbar spine revealed possible L5 pars defects. There was no translational instability on flexion-extension views. The patient was assessed with right lumbar radicular syndrome and questionable L5 pars defects. The claimant was recommended for MRI of the lumbar spine.

MRI of the lumbar spine performed 04/12/12 revealed a 2-3mm posterocentral protrusion at L3-4 that minimally indented the sac. There was mild bilateral facet arthrosis noted. At L4-5, there was a 5mm broad-based posterocentral left posterior protrusion and annular tear that mildly effaced the left sac. There was mild to moderate facet arthrosis noted. The central canal was not stenotic. There was mild left lateral recess stenosis. At L5-S1, there was a 2-3mm bulge that effaced the epidural fat. There was moderate bilateral facet arthrosis noted. There was no lateral recess or central canal stenosis. There was no evidence of remarkable foraminal stenosis. The claimant saw Dr. on 04/12/12. Physical exam was not performed. The claimant was prescribed Medrol Dosepak and Mobic. The claimant was recommended for epidural steroid injections and physical therapy. The claimant completed 10 sessions of physical therapy from 02/06/12 through 04/30/12. The claimant underwent right L5 transforaminal epidural steroid injection on 05/01/12. The claimant reported 20% relief of symptoms one hour following the procedure.

The claimant underwent right L5 transforaminal epidural steroid injection on 05/08/12. The claimant reported 60% relief of symptoms one hour following the procedure. The claimant saw Dr. on 05/15/12 with complaints of pain to the low back and right leg with associated numbness and weakness. The claimant reported worsened symptoms following the last epidural steroid injection. Physical exam revealed the claimant ambulated with a normal gait. There was no evidence of spasm or tenderness. There was full strength throughout. Sensation was intact. There was limited range of motion of the lumbar spine with pain. The claimant was able to heel and toe walk. The claimant was assessed with L4-5 herniated nucleus pulposus and right L5 radiculopathy. The claimant was prescribed Ultram. The claimant was recommended for L4-5 decompression. The request for right lumbar decompression @ L4-5 with 1-day inpatient hospital stay and lumbosacral orthosis purchase was denied by utilization review on 05/24/12 due to no objective findings of lumbar radiculopathy on physical exam. Additionally, there was limited evidence that the claimant had failed all lover levels of conservative care.

The claimant saw Dr. on 06/05/12 with complaints of pain to the low back and right leg with associated numbness and weakness. The claimant rated the pain at 9.5 out of 10. The claimant stated she fell due to her right leg giving out. Physical exam revealed the claimant ambulated normally. There was no spasm or tenderness to palpation. Lumbar range of motion was limited. There was full strength throughout. Sensation was intact to light touch and pinprick. The claimant was able to heel and toe walk. Sitting root test was positive on the right. The claimant was assessed with L4-5 herniated nucleus pulposus and right L5 radiculopathy. The claimant was prescribed Mobic and Ultram. The claimant was recommended for surgical intervention.

The request for right lumbar decompression @ L4-5 with 1-day inpatient hospital stay and lumbosacral orthosis purchase was denied by utilization review on 06/15/12 as there was no objective evidence of lumbar radiculopathy on physical exam. Also, the imaging findings did not correlate with the complained right lower extremity pain. The claimant saw Dr. on 07/03/12 with complaints of pain to the low back and right leg with associated numbness and weakness. The claimant rated the pain at 7 to 9 out of 10. The claimant reported no relief from Toradol injection, Medrol Dosepak, Mobic, or epidural steroid injections. Physical exam revealed the claimant ambulated with a normal gait. There was no tenderness or spasm to palpation. There was no evidence of atrophy. There was full strength throughout. The claimant was able to heel and toe walk. The claimant was assessed with L4-5 herniated nucleus pulposus and right L5 radiculopathy. The claimant was referred for a functional capacity evaluation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical documentation provided for review and current evidence based guideline recommendations for the request, medical necessity is not established. The claimant reports low back and right lower extremity pain that temporarily responded to epidural steroid injections. The claimant's MRI of the lumbar spine revealed a left sided disc protrusion at L4-5. There was no clear neurocompression noted at L4-5 or L5-S1. The claimant's physical exam revealed no clear evidence of radiculopathy to include myotomal weakness, reflex changes, or dermatomal sensory loss. Current evidence based guidelines recommend that there be objective evidence to support an unequivocal diagnosis of lumbar radiculopathy. As the clinical documentation does not support the medical need for the requested service per guideline recommendations, the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES